

**Application for National Practitioner Data Bank Electronic Query
Health Integrity and Protection Data Bank Query
and
AADE Clearing House Report**

Fee for this service is additional \$25.00. Please remit payment with this application.

Return to: Kentucky Board of Dentistry
10101 Linn Station Road Suite 540
Louisville, Kentucky 40223

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Maiden Name: _____

Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____ Gender: ____

Employment Information

Name of Employer: _____

Street Address: _____ Room/ Suite #: _____

City: _____ State: _____ Zip Code: _____

Residential Information

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (_____) _____ - _____

Professional Information

Licensed Profession: _____ Degree Held: _____

Federal DEA Number (s): _____

Previous/ Present State Licenses:	STATE	LICENSE #
	_____	_____
	_____	_____
	_____	_____

Education:	SCHOOL ATTENDED	YR OF GRADUATION	DEGREE
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

For Office Use Only

Fee Paid: _____

Date Paid: _____